

and domestic well being taken together far outweigh the revenue earned by Government through excise on alcoholic products as in the case of tobacco?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) This study was conducted on 7912 household covering 28507 individuals from rural, town, slum and urban areas in Karnataka. Among the male age group of 16 to 60 years, nearly 33% of the adult population regularly consumed alcohol.

There has been a significant lowering of age at initiation of drinking. Data from Karnataka showed a drop from a mean of 28 years to 20 years between the birth cohorts of 1920-30 and 1980-90. Alcohol sales have registered a steady growth rate of 7-8% in the past three years. Alcohol has significant effects on the individual and society leading to social and health consequences. Alcohol has been linked to more than 60 health conditions and several alcoholic use social, economical and health conditions. It is linked with cancer, liver cirrhosis, HIV infection, tuberculosis, esophageal cancer, liver disease and duodenal ulcer; Alcohol misuse wreaks a high social cost. Psychosocial consequences include work related problems, effects on children, increased mental morbidity in family members. From a small study in the state of Karnataka, it was observed that the social costs of alcoholism far exceeded the revenues generated from alcohol.

#### **Autonomy of AIIMS**

2643. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether by curtailing autonomy of AIIMS, scientific and medical atmosphere is vitiated to conduct research and other specialised work of AIIMS; and

(b) if so, the reasons for not amending the original Act of AIIMS which was enacted 50 years ago, with the change of time and with the change in the atmosphere of medical profession?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The All India

Institute of Medical Sciences is governed by the provisions of All India Institute of Medical Sciences Act, 1956 and rules and regulations made thereunder. There is no reported instances where the scientific and medical research and other specialized work of AIIMS was vitiated.

**Polio spread due to inadequate vaccine**

2644. SHRI RAJEEV SHUKLA: Will the Minister OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of a recent finding by international experts stating that polio cases continue to be reported in India because the vaccine used in India is not targeting the specific polio strain prevalent in India;

(b) if so, whether in light of this finding, Government would propose to change the vaccine used in polio vaccination drives across India; and

(c) if so, the details of any other steps taken by Government to prevent the spread of polio virus in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) In a recent publication in the journal Science, it is stated that the vaccine used in most of the world and in India over last 20 years (the trivalent polio vaccine) which includes all strains (type-1, type-2 and type-3) may have somewhat lower effectiveness in some areas in India.

The Government was aware of the situation. Once the type-2 virus was eliminated and type-3 was restricted to small area, based on the advice of India Expert Advisory Group (IEAG) a monovalent Oral Polio Vaccine which has improved effectiveness against the type-1 virus is now being used.

(c) In order to prevent spread of polio virus following actions are being taken:

- (i) Conducted consistent high quality supplementary immunization rounds in January, February, April, May, June, July, September and November, 2006 and planned national immunization rounds in the months of January and February, 2007.